



# Incident Report

**Print Date/Time:** 01/12/2016 14:24  
**Login ID:** ss0137

Lake Stevens Police Department  
**ORI Number:** WA0311900

**Incident:** 2016-00000026

**Incident Date/Time:** 1/1/2016 7:19:00 AM  
**Location:** 2527 85TH DR NE  
LAKE STEVENS WA 98258  
**Phone Number:** (425) 334-7689  
**Report Required:** No  
**Prior Hazards:** No  
**LE Case Number:**

**Incident Type:** Collision  
**Venue:** Lake Stevens  
**Source:** 911  
**Priority:** 2  
**Status:** 2  
**Nature of Call:**

## Unit/Personnel

Unit	Personnel
19D2	SS0072-Aukerman
19D3	SS0136-Shein

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	BILLINGS, JAMES					09/25/1974
2	Reporting Party	LAM, TIEN					

## Vehicle(s)

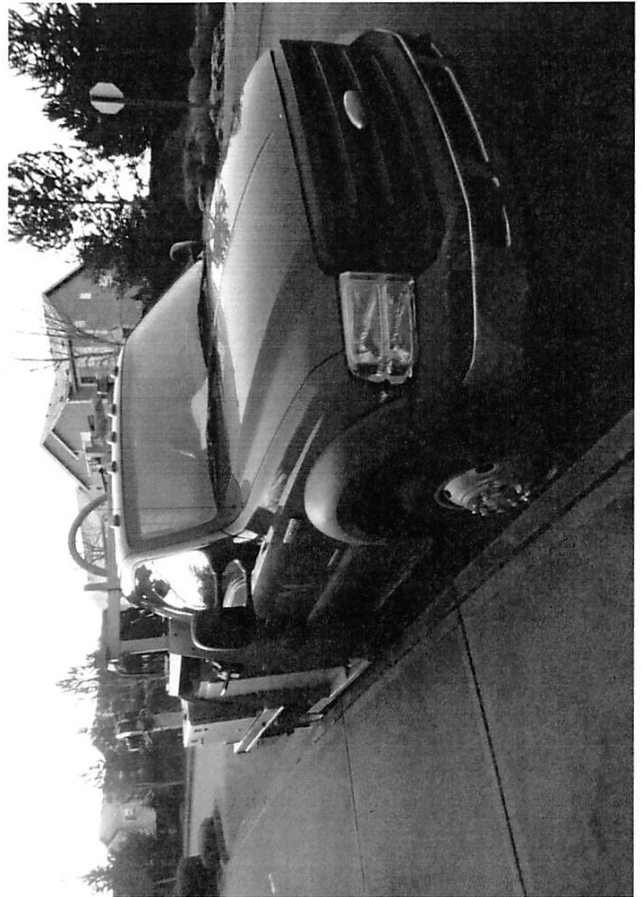
Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car	2005	Ford		Red	B17942X	WA
Victim Vehicle	Passenger Car	2003	Toyota		Red	ABB5520	WA
Victim Vehicle	Passenger Car	2012	Nissan		Red	ATC9231	WA

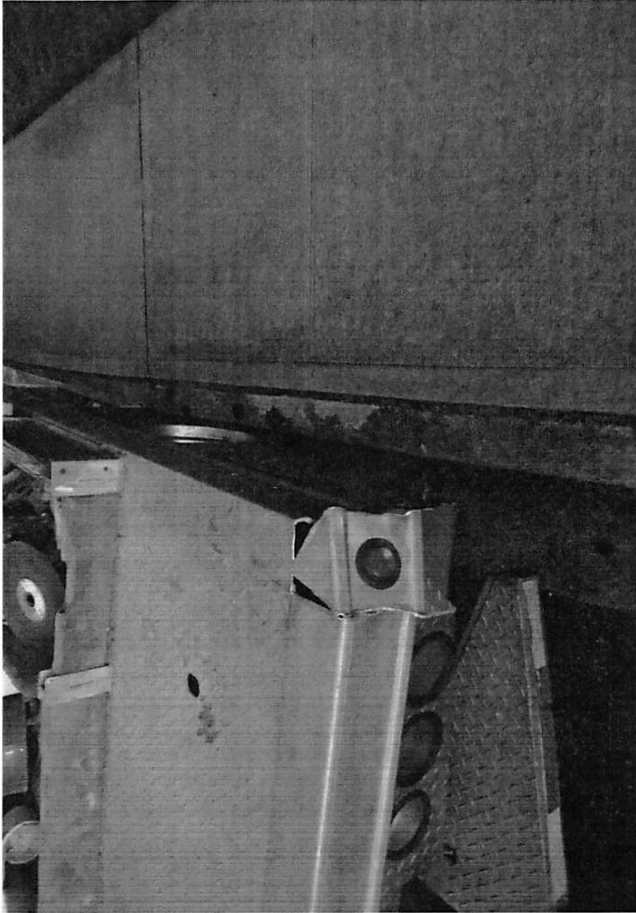
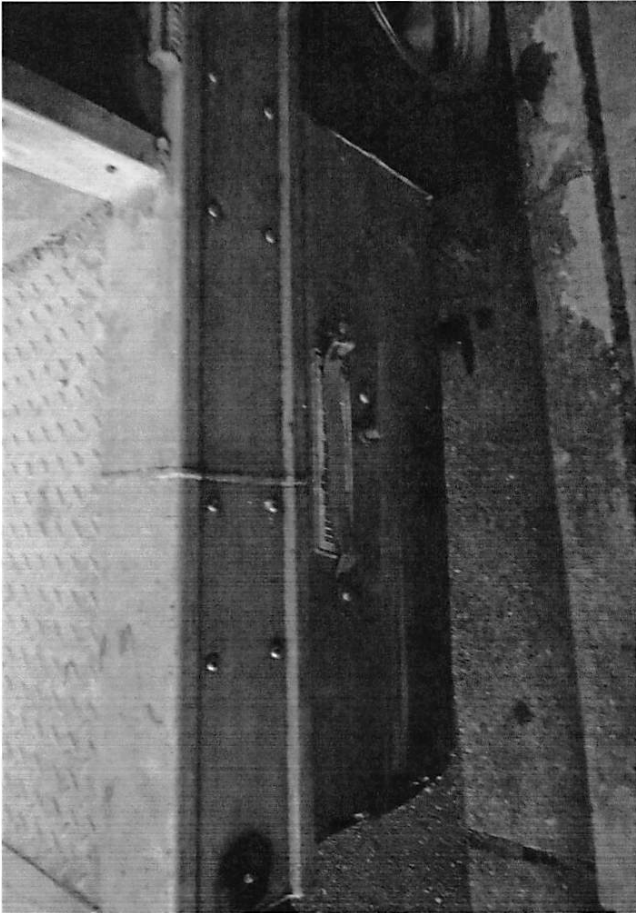
## Disposition(s)

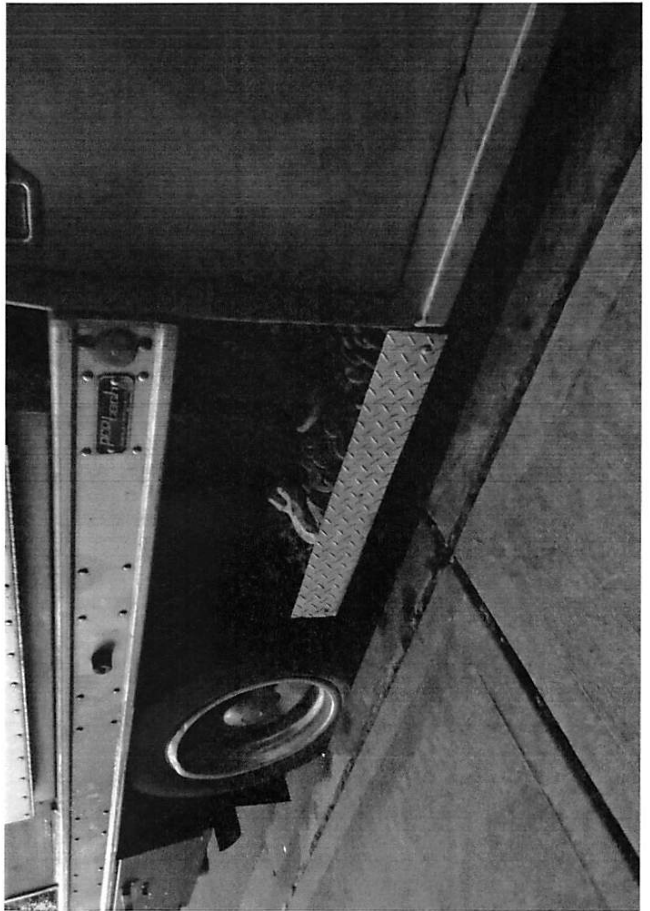
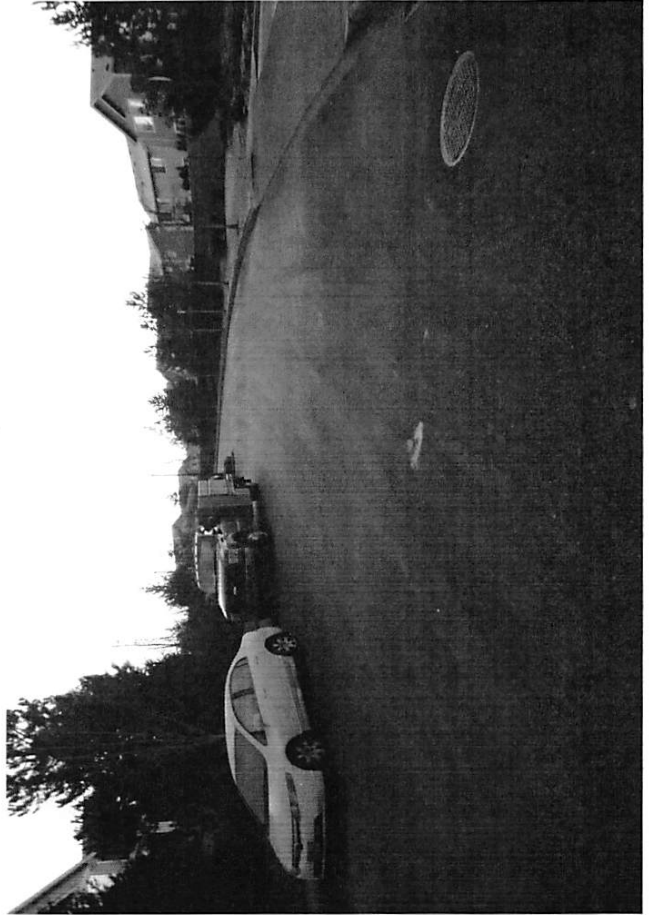
Disposition	Count
R	1

## Property

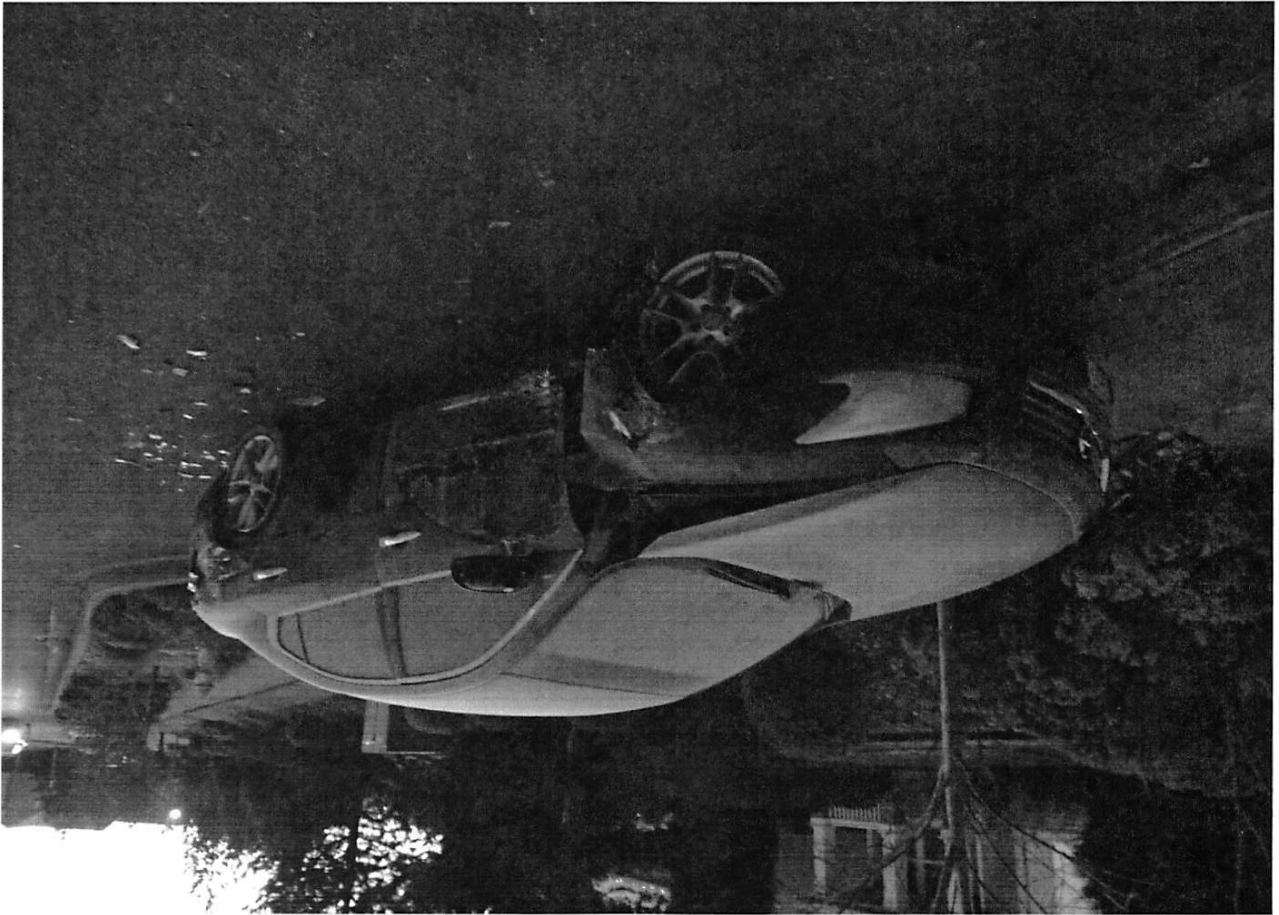
Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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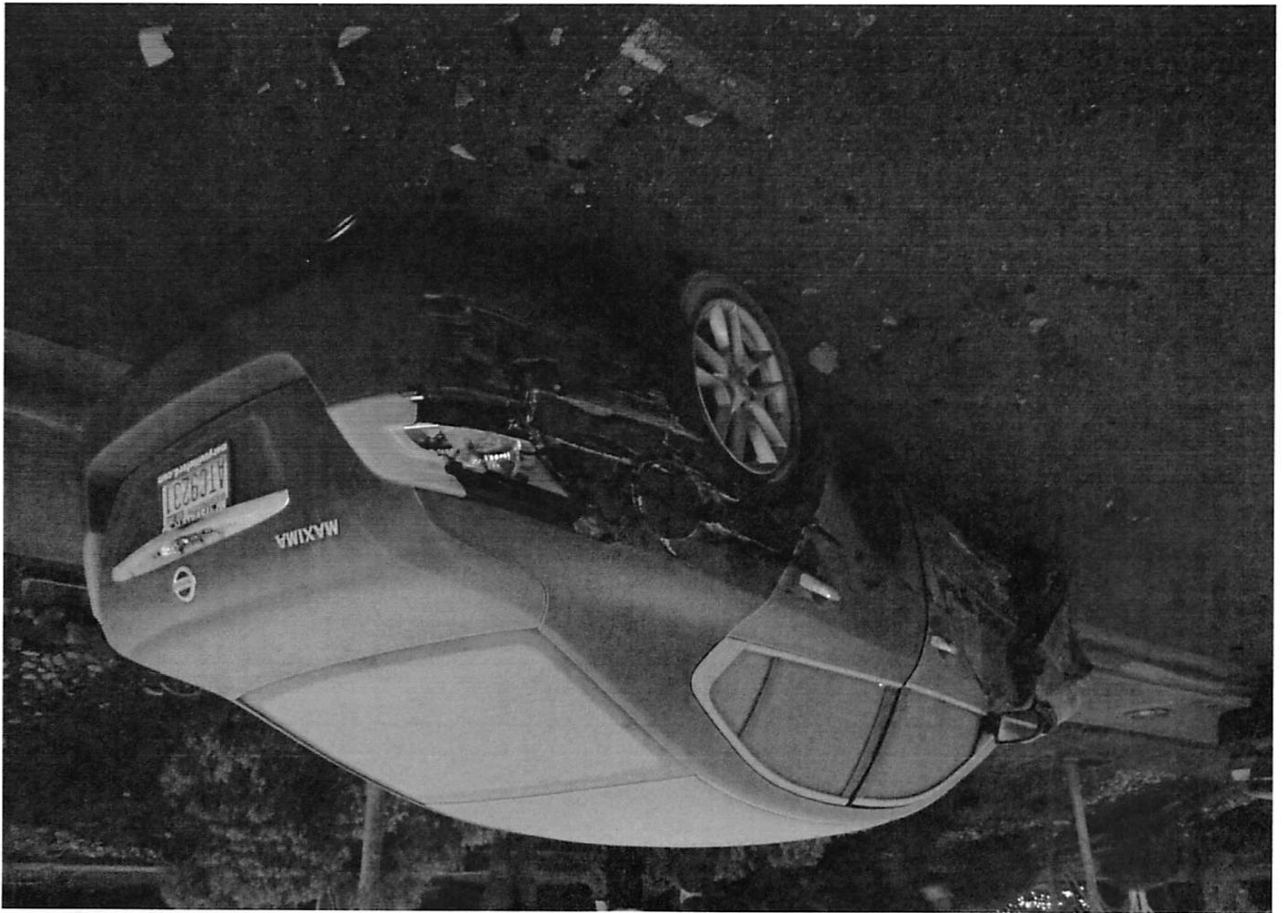


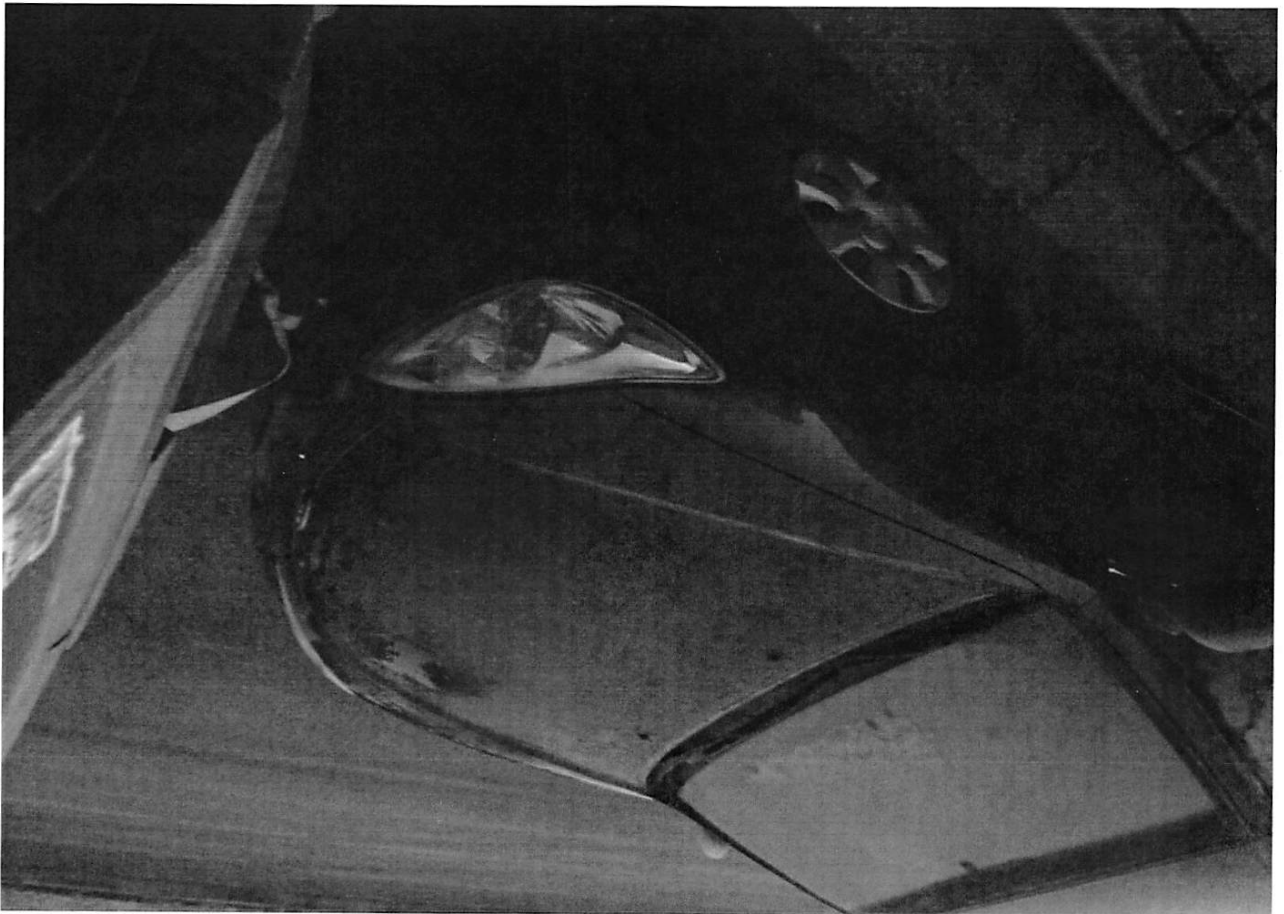














# LAKE STEVENS POLICE DEPARTMENT

## INCIDENT STATEMENT FORM

CASE NUMBER 15-00000026VICTIM ☐ WITNESS ☐NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>Billings James</u>		RACE <u>m</u>	ETHNICITY <u>white</u>	SEX <u>m</u>	D.O.B. <u>9-25-74</u>	AGE <u>41</u>	HGT <u>57</u>	WGT <u>200</u>	HAIR	EYES <u>Blue</u>
STREET ADDRESS <u>2533 85th Dr NE Lake Stevens</u>				CITY <u>Lake Stevens</u>		STATE <u>WA</u>		ZIP <u>98255</u>		
HOME PHONE <u>206 255-2642</u>		CELL PHONE			WORK PHONE					
EMAIL ADDRESS (OPTIONAL)					PLACE OF EMPLOYMENT					

**STATEMENT:**

Driving home from work when passing parked cars I dropped my phone want to grab it when the side of my truck bed caught the parked car and pulled me into it and the one in front of it. I backed up and went around and parked Behind in a parking area.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Billings</u>	DATE SIGNED: <u>1-1-16</u>
OFFICER/NUMBER: <u>Shein #136</u>	DATE SIGNED: <u>1/6/16</u>

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"





# LAKE STEVENS POLICE DEPARTMENT

## INCIDENT STATEMENT FORM



CASE NUMBER 15-00000026

VICTIM ☐ WITNESS ☐

NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>CUNNINGHAM RACHELLE M</u>		RACE <u>W</u>	ETHNICITY <u>C</u>	SEX <u>F</u>	D.O.B. <u>8/15/78</u>	AGE <u>37</u>	HGT <u>5'2"</u>	WGT <u>120</u>	HAIR <u>B</u>	EYES <u>GR</u>
STREET ADDRESS <u>2533 85TH DR NE</u>				CITY <u>LAKE STEVENS</u>		STATE <u>WA</u>		ZIP <u>98258</u>		
HOME PHONE <u>425-319-0677</u>		CELL PHONE <u>"</u>			WORK PHONE <u>425-377-9708</u>					
EMAIL ADDRESS (OPTIONAL) <u>jrjztd@hotmail.com</u>					PLACE OF EMPLOYMENT <u>MARSHBANK CONST.</u>					

STATEMENT:

~~HE~~ HEARD A CRASH. & ALARM, LOOKED OUT THE WINDOW & SAW JIM BOWINGS MERLINO WORK TRUCK HAD HIT 2 CARS. JIM WAS STANDING BY HIS TRUCK LOOKING AT THE 2 CARS. ALARMS WERE GOING OFF.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

DATE SIGNED:

01/01/2016

OFFICER/NUMBER:

Shein

DATE SIGNED:

01/06/16

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"


**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591971

**REPORT NO. E502620**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION
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CASE #	2015-00000026
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LOCAL AGENCY CODING
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TOTAL # OF UNITS	03	OBJECT STRUCK
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	01	-	01	-	2016		0719	31			S	W	OF	0664	

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
85TH DR NE		BLOCK NO. <input checked="" type="checkbox"/> 2500
		MILE POST

DISTANCE	MILES	N	E	OF (REFERENCE OR CROSS STREET)
		S	W	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE D: 2062552642
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LAST NAME	BILLINGS	FIRST NAME	JAMES	MIDDLE INITIAL	W
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STREET NEW ADDRESS	2533 85TH DR NE
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CITY	LAKE STEVENS	ST	WA	ZIP	982586411
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	BILLIJW26005	STATE	WA	SEX	M	D.O.B. MMDDYYYY	09	-	25	-	1974
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	B17942X	STATE	WA	VIN#	1FDXF46P15ED13962
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2005	MAKE	FORD	MODEL	FB	STYLE	CB	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ZURICH AMERICAN BAP379063406
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	CHOATE	FIRST NAME	WILLIAM	MIDDLE INITIAL	
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STREET NEW ADDRESS	2523 85TH DR NE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	CHOATW*224CF	STATE	WA	SEX	M	D.O.B. MMDDYYYY	02	-	06	-	1978
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	1	EJECT	9	HELMET USE	9	INJURY CLASS	0	NATURE OF INJURIES
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LICENSE PLATE #	ATC9231	STATE	WA	VIN#	1N4AA5AP0CC860869
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2012	MAKE	NISS	MODEL	SEDAN	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	GEICO 4396261606
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	G. SHEIN	BADGE OR ID #	0136	AGENCY	WA0311900
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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E502620**CASE # **2015-00000026**

## ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>CUNNINGHAM RACHELLE M</b>																
ADDRESS & PHONE # <b>2533 85TH DR NE LAKE STEVENS WA 98258 4253190677</b>										SEX <b>F</b>	D.O.B. MMDDYYYY <b>08</b>	-	<b>15</b>	-	<b>1978</b>			
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

## NARRATIVE

On 1/1/16 at approximately 0726 hours I, Officer Shein was dispatched to a report of a Traffic Accident / Hit & Run. I arrived to find the reporting parties William Choate and Tien H. Lam standing alongside James W. Billings. I was told that James W. Billings was Unit 1 and at fault. I recoded this as "collision" and not "Hit & Run" in the system.

Unit 1 was attempting to parallel-park along 85th DR NE and side-swiped Unit 2 and Unit 3.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**G. SHEIN****01-06-16 11:01 AM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

**ROBERT MINER 0095**

DATE

**1/7/2016 12:13:51 AM**

BADGE OR ID #

**0136**

ORI #

**WA0311900**

TIME POLICE DISPATCHED

**7:19 AM**

TIME POLICE ARRIVED

**7:25 AM**


**SUPPLEMENTAL  
POLICE TRAFFIC  
COLLISION REPORT**


013197

REPORT NO. **E502620**CASE # **2015-00000026****COMMERCIAL MOTOR CARRIER**INTERSTATE ☐INTRASTATE ☐UNIT # **1**

USDOT

IOC #

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

# AXLES **00**GVWR **0**

PLACARD

+

NAME IF NO NUMBER

**ADDITIONAL UNITS**UNIT # **3**MOTOR VEHICLE ☒PEDAL-CYCLE ☐PEDESTRIAN ☐PROPERTY OWNER ☐DAMAGE THRESHOLD MET YES ☒ NO ☐

PHONE

LAST NAME

**LAM**

FIRST NAME

**TIEN**

MIDDLE INITIAL

**H**

STREET NEW ADDRESS

**2527 85TH DR NE**

CITY

**LAKE STEVENS**

ST

**WA**

ZIP

**982586411**

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX **U**D.O.B. MMDDYYYY **10**

-

**09**

-

**1962**ON DUTY ☐

STATUS

AIRBAG **9**RESTR. **9**EJECT **9**HELMET USE **9**INJURY CLASS **0**

NATURE OF INJURIES

LICENSE PLATE #

**ABB5520**STATE **WA**

VIN#

**JTDBE32K730221996**

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR **2003**MAKE **TOYO**MODEL **CAM4D**

STYLE

VEHICLE TOWED YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

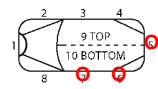
INSURANCE CO &amp; POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT #

MOTOR VEHICLE ☐PEDAL-CYCLE ☐PEDESTRIAN ☐PROPERTY OWNER ☐DAMAGE THRESHOLD MET YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

D.O.B. MMDDYYYY

-

-

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

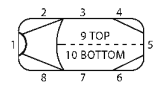
INSURANCE CO &amp; POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**G. SHEIN**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

**01-06-16 11:01 AM**

DATED:

PLACE SIGNED

BADGE OR ID #

**0136**

ORI #

**WA0311900**APPROVED BY **MINER**DATE **1/7/2016**PAGE **3**OF **4**



REPORT NO. E502620

CASE # 2015-00000026

DATE AND TIME  
OF COLLISION 01/01/16 07:19

